

## ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

**Hospital: Goshen General Hospital**

Year: 2004 City: Goshen Peer Group: Medium

**Statement One: Summary of Revenue and Expenses**

<b>1. Gross Patient Service Revenue</b>		<b>4. Operating Expenses</b>	
Inpatient Patient Service Revenue	\$79,464,503	Salaries and Wages	\$38,730,723
Outpatient Patient Service Revenue	\$106,989,812	Employee Benefits and Taxes	\$10,111,274
Total Gross Patient Service Revenue	\$186,454,315	Depreciation and Amortization	\$3,099,408
<b>2. Deductions from Revenue</b>		Interest Expenses	\$918,598
Contractual Allowances	\$79,080,436	Bad Debt	\$8,915,215
Other Deductions	\$3,454,722	Other Expenses	\$41,026,529
Total Deductions	\$82,535,158	Total Operating Expenses	\$102,801,747
<b>3. Total Operating Revenue</b>		<b>5. Net Revenue and Expenses</b>	
Net Patient Service Revenue	\$103,919,157	Net Operating Revenue over Expenses	\$2,696,598
Other Operating Revenue	\$1,579,188	Net Non-operating Gains over Losses	\$1,362,632
		Total Net Gain over Loss	\$4,059,230

Total Operating Revenue	\$105,498,345
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6. Assets and Liabilities	
Total Assets	\$108,696,262
Total Liabilities	\$35,228,150

Statement Two: Contractual Allowances			
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue
Medicare	\$79,291,579	\$52,458,135	\$26,833,444
Medicaid	\$15,523,374	\$12,390,453	\$3,132,921
Other State	\$0	\$0	\$0
Local Government	\$0	\$0	\$0
Commercial Insurance	\$91,639,362	\$17,686,570	\$73,952,792
Total	\$186,454,315	\$82,535,158	\$103,919,157

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$204,659	\$192,981	\$11,678

Educational	\$22,538	\$913,043	(\$890,505)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

<b>Number of individuals estimated by this hospital that are involved in education</b>	
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

#### Statement Four

#### Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

<b>County Location</b>	Elkhart	<b>Community Served</b>	Elkhart, Kosciusko, LaGrange, Marshall, and Noble counties
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#### Hospital Mission Statement

*“To improve the health of our communities by providing innovative, outstanding care and services, through exceptional people doing exceptional work”.*

<b>Unique Services</b>	<b>Type of Initiatives</b>	<b>Document Available</b>
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Medical Research	NO	Disease Detection	NO	Community Plan	YES
Professional Education	NO	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1996

### **Allocation of Dollars and Persons Served under Adopted Charity Policy**

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	<b>2002</b>	<b>2003</b>	<b>2004</b>
<b>Persons served in last twelve months</b>	517	291	NR
<b>Charity Care Allocation</b>	(\$550,428)	(\$1,503,079)	(\$2,354,000)

### **Hospital Community Benefit Projects and the Projects' Net Cost**

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

<b>Name of Program and Description of Progress Made in Achieving Annual Objectives</b>	<b>Net Costs of Programs</b>
Nurse on call	(\$327,798)
Mentorship High School Program	(\$32,596)
Oakland Foundation Spring Spectacular Sponsor	(\$20,000)

Other Programs	(\$155,127)
Subtotal	(\$575,521)

### **Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits**

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

<b>Specialized Programs</b>	<b>Unreimbursed Costs</b>
<b>1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.</b>	(\$13,871,103)
<b>2. Community Health Education</b>	(\$890,505)
<b>3. Community Programs and Services</b>	(\$575,521)
<b>4. Other Unreimbursed Costs</b>	(\$314,984)
<b>5. Total Costs of Providing Community Benefits</b>	(\$15,652,113)

### **Identification of Additional Non-Hospital Charity Costs**

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

<b>Organization Providing Charity Care</b>	<b>Net Costs of Care</b>
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None	\$0
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**For further information on these initiatives, contact:**

Hospital Representative: Amy Floria

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Web Address Information: [www.goshenhealth.com](http://www.goshenhealth.com)

**ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL  
AND OTHER HOSPITALS IN ITS PEER GROUP**

<b>PERFORMANCE INDICATOR</b>	<b>METHODOLOGY</b>	<b>THIS HOSPITAL'S RESULTS</b>	<b>PEER GROUP AVERAGE</b>
1. # of FTE's	Number of Full Time Equivalents	806	656
2. % of Salary	Salary Expenses divided by Total Expenses	37.7%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	52.5	58.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	3.9	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/ Surgical discharges	\$4,649	\$4,999

6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$16,314	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	57.4%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$887	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	42.5%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	8.7%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$2,354,000)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	2.6	6.3

Notes:

1. NR = Not Reported
2. See Statewide Results for definitions of terms.